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Credit Card Authorization Form

Please charge my following credit card for transportation or/and any other associated charges with that.

Name as it appears on credit card: _____

Credit Card Number: _____

VISA AMEX Mastercard EXP: Security Code:

Billing Address: _____

City: _____ Province: _____ Postal/Zip Code: _____

Phone Number: _____ Fax: _____

Credit Card Holder Signature: _____

Date: _____

All transactions are subject to 3.5% credit card transaction charges.

****Please return this form through Fax or email
along with front and back copies of creit card.**
